

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1670 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ 25 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Clarke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 15 Months, 15 Days

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, W

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 207 W. Lawrence

Cause of Death, { First (Primary), Second (Immediate), } Enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 25th July 1887

Undertaker, H. W. Jenkins & Son J. E. Chataud M. D.

Medical Attendant.

Place of Business, 201 W. Saratoga St Address, 516 Park

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 1671

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, VII - 23 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 Years, _____ Months, _____ Days.

Color, cl

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give Street and Number. } 807 Leadenhall St. -

Cause of Death, { First (Primary), Second (Immediate), } Puerperal Fever. -
Septicæmia. -

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 25 1887

Undertaker, W. M. Chase

Geo A Strauss M. D.
Medical Attendant.

Place of Business, 41 Howard Address, 9 E. Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

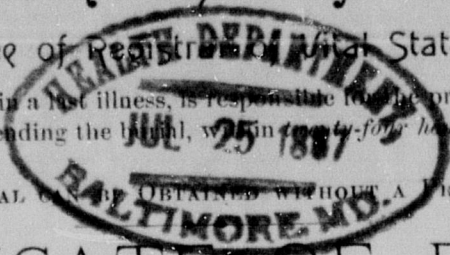
Permit No. A 1672

Office of Registrar of Vital Statistics.

Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 23 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Bartlett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City - Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1005 Chesapeake St. - Eycrow heat.

Cause of Death, { First (Primary), Second (Immediate), }

Concussion of brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Prob. Cemetery

Date of Burial, July 25 1887

Undertaker, Geo. Reinhardt

Place of Business, Health Office

Edw. Tuttle M. D.

Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

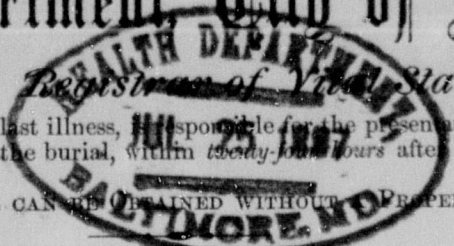
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1673 Office of Registration of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 24, 1887

Full Name of Deceased, Annie Mary Reinhard
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 9 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Ballad

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lifetime

Duration of Residence in the City of Baltimore, 2015

Place of Death, { Give Street and Number. } 2015 Fredk Ave

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion
One month

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, July 26th 1887

{ Undertaker, John P. Paulus } James Bosley M. D. Medical Attendant.

{ Place of Business, 2009 Fredk Ave } Address, 1701 1st Fallin Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1674 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Georg Wilhelm Apau

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 Years, 1 Months, 16 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 1011 N. Caroline

Cause of Death, { First (Primary), Heart disease Second (Immediate), Convulsions }

Duration of Last Sickness, one year and a half

All the above information should be furnished by the Physician.

Place of Burial, Greenwood cemetery

Date of Burial, July 25 1887

{ Undertaker, John W. Jackson } L. F. Reinhard M. D. Medical Attendant.

{ Place of Business, Gay & Cordell Address, 720 N. Howard Street }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1675 Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 87

Full Name of Deceased, Esther Henry (Henry)

Sex, Male or Female, Female (Cross out the word not required in this line.)

Age, 6 Years, 12 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, Single (Cross out the words not required in this line.)

Occupation, _____

Birth Place, Harmony Lane, 818, Baltimore City (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Since birth

Place of Death, Harmony Lane # 818 Baltimore City (Give Street and Number.)

Cause of Death, Heart failure (First (Primary), Second (Immediate),)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, July 25th 87

Undertaker, Fr. Lewis Schaepe

Place of Business, W. Freeman

C. W. Mitchell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

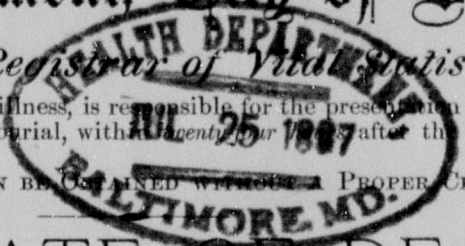
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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1676 Office of Registrar of Vital Statistics. Ward 8th 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.



NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Isabel Brunsble

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 Years, 5 Months, 4 Days.

Color, wht

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1217 Valley St

Cause of Death, { First (Primary), Second (Immediate), } marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 25th

Undertaker, H. C. Wiedefeld Medical Attendant, W. D. Lane

Place of Business, 916 Greenmount Address, 922 Madison Ave

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1677 Office of Registrar of Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1887
Full Name of Deceased, Phoebe Corrine
Sex, Male or Female, {Cross out the word not required in this line.}
Age, 65 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not required in this line.}
Occupation, Servant in Mr Isa Davis' family
Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York
Duration of Residence in the City of Baltimore, 2 years
Place of Death, {Give Street and Number.} Prestman St # 1508
Cause of Death, {First (Primary), Injury to head from falling down
Second (Immediate), the steps leading to cellar}
Duration of Last Sickness, Found dead at foot of the steps this morning

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Park
Date of Burial, July 25th 1887
{ Undertaker, J. C. Langhorne Medical Attendant, L. C. Sparrow M. D.
Place of Business, 1468 Genoa Ave Address, Coron

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

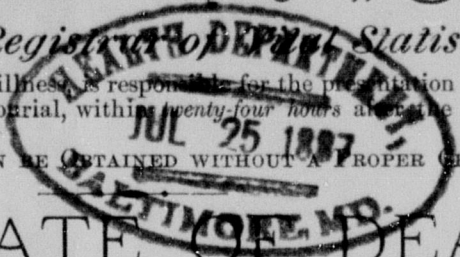
The Special Attention of Physicians is respectfully invited to the requirements herein, and to the fact that this certificate is required for the burial of the deceased.

Health Department, City of Baltimore.

Permit No. A 1678 Office of Registrar & Department of Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887 & Effie Wilson

Full Name of Deceased, No name Child of Wm. E. Wilson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, 7 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, 640 Pitcher ✓

Birth Place, 640 Pitcher
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 640 Pitcher

Place of Death, 640 Pitcher
{ Give Street and Number. }

Cause of Death, Premature Birth
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Lawson Park

Date of Burial, July 25th 1887

{ Undertaker, J. E. Hough M. D. G. W. Morris Medical Attendant.

{ Place of Business, 1408 Penna Ave Address, 1301 Prattman

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, CH 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

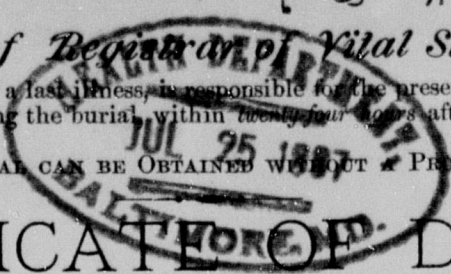
1679 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 23, 1887

Full Name of Deceased, Joseph P. Green
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 9 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 years

Place of Death, 1024 E. Pratt St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 25-1887

Undertaker, M. Clark & Son

Place of Business, 229 S. Ann St

Address, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]